



# YAVAPAI COLLEGE CAMPUS SAFETY DEPARTMENT

## COMPLAINT AGAINST AN OFFICER FORM

EMPLOYEE/OFFICER NAME:

COMPLAINANT NAME:

PLEASE PROVIDE CONTACT INFORMATION, IF DESIRED:

(not required)

### DETAILS OF COMPLAINT:

COMPLAINANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(ANONYMOUS COMPLAINTS ACCEPTED)

BY SIGNING THIS DOCUMENT, I ATTEST THAT THE INFORMATION REPORTED IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE SUBMITTED THE COMPLAINT OF MY OWN FREE WILL. I FULLY UNDERSTAND THAT FALSE REPORTING IS A CRIME, PER ARS § 13-2907.01.